BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **JOHN D. LEWIS, M.D.** Holder of License No. 11783 For the Practice of Allopathic Medicine In the State of Arizona	Case No. MD-07-1024A **CONSENT AGREEMENT FOR LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and John D. Lewis, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

JOHN D. LEWIS, M.D.

DATED: 9/26/08

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 11783 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-1024A after receiving a complaint regarding Respondent's care and treatment of a fifty-two year-old male patient ("GP").

4. On January 16, 2007 at 3:54 a.m., GP presented to the emergency department (ED) with flank pain and hypotension. GP had high blood pressure and took additional blood pressure medication the night before as he previously had without adverse effects. GP reported that he had been suffering from a cough and cold for two weeks. GP's blood pressure was 77/45 and he was afebrile. At 5:00 a.m. Respondent gave verbal orders to administer a 500 cc fluid bolus. However, when this did not correct GP's hypotension, Respondent ordered intravenous (IV) Dopamine (a pressor) at 6:17 a.m. In response to the Board's investigation, Respondent stated he saw GP at 5:00 a.m. However, there was no documentation that Respondent presented to see GP until 7:25 a.m.

5. At 7:00 a.m., the treating nurse noted that the Dopamine was at its maximal rate and contacted Respondent. At 7:25 a.m., Respondent presented to GP's room to evaluate him. Respondent performed a history and physical examination that included checking GP's blood pressure, respiratory rate and pulse. Respondent's assessment was septic shock and he ordered an additional IV pressor, one liter of fluid bolus and a dose of Timentin (an antibiotic). At 8:00 a.m., Respondent ordered a third liter of bolus fluid and consultations with a surgeon and critical care physician. At 8:27 a.m., the surgeon and

critical care physician arrived for consultation. The critical care physician assumed care and treatment of GP.

6. GP's condition continued to deteriorate and he remained in the ED until 4:41 p.m., when he was transferred to the intensive care unit. Subsequently, GP became unresponsive and was pronounced dead at 5:32 p.m. The cause of death was determined to be cardiopulmonary arrest and sepsis. GP's blood cultures were positive for gram positive cocci.

7. The standard of care in emergency medicine for a patient presenting with hypotension requires an emergency physician to conduct an immediate, appropriate history and physical examination.

8. Respondent deviated from the standard of care because he did not he did not present to evaluate GP until over three hours after he presented to the ED.

9. The standard of care for a patient presenting with hypotension requires an immediate consideration of, evaluation for and treatment of emergent, life threatening causes of hypotension.

10. Respondent deviated from the standard of care because he did not immediately consider, evaluate and treat the emergent, life threatening causes of GP's hypotension.

11. The standard of care in emergency medicine for a patient presenting with hypotension requires an emergency physician to immediately attempt to correct the hypotension.

12. Respondent deviated from the standard of care because he did not immediately attempt to correct GP's hypotension.

13. The standard of care for septic shock requires immediate, empiric antibiotic therapy.

14. Respondent deviated from the standard of care because he did not immediately begin administration of empiric antibiotic therapy.

15. Respondent's delay in diagnosis and treatment of GP could have led to complications and his death.

16. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2).

17. Respondent's records were inadequate because there was no documentation that Respondent immediately presented to consider, evaluate, and treat GP's causes of hypotension.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) ("[f]ailing or refusing to maintain adequate records on a patient.") and A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand for a delay in consideration of, evaluation for, and treatment of the emergent, life threatening causes of hypotension and for failure to maintain adequate medical records.

2. This Order is the final disposition of case number MD-07-1024A.

DATED AND EFFECTIVE this 9th day of October, 2008.

ARIZONA MEDICAL BOARD

(SEAL)

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this 9th day of October, 2008 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 9th day of October, 2008 to:

John D. Lewis, M.D.
Address of Record

_____
Investigational Review